

EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

Instructions

1. Print in ink or type.
 2. Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, or fax to (225) 763-8787. For information or assistance, call (225) 763-8777 or (800) 842-6630. No fee is required.
 3. This form must be submitted within 5 days of any changes in your registration form or to add employers or those you represent. It must be submitted within 10 days of any termination of employment or representations.

6029
 Executive Lobbying Registration No. _____

FOR OFFICE USE ONLY

Postmark Date: 01-16-09

Term (exp. 11-17-08)

3072328

1. NAME MCCLARY III DONALD R
 Last First MI

NAME CHANGE
 Last First MI

2. BUSINESS PHONE 210-490-7011
 (Area Code) Phone Number

3. FAX PHONE _____

4. BUSINESS ADDRESS _____
 Street and No. City State Zip

MAILING ADDRESS 22415 ROAD FOREST SAN ANTONIO, TX 78259
 Street and No. City State Zip

5. EMPLOYER IPSEN, INC.

6. EMPLOYER'S ADDRESS 20770 US HWY 281 N, STE 100 #1ST SAN ANTONIO, TX 78258
 Street and No. City State Zip

7. Have you ceased or terminated all lobbying activities requiring registration? Yes X No _____

8. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination (if applicable).

1) Name ETSAI INC.

Address 100 TILLY BLVD WOODCLIFF LAKE, NJ 07677

Business or purpose PHARMA / BSA - TERN

☐ New Representation
 Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of NOV 17 2008

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- 2) Name _____
 Address _____
 Business or purpose _____
- ☐ New Representation
 Does this person pay you? _____
 If No, who pays you? _____
- ☐ Terminated Representation as of _____
- 3) Name _____
 Address _____
 Business or purpose _____
- ☐ New Representation
 Does this person pay you? _____
 If No, who pays you? _____
- ☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.



 Signature of Lobbyist